

## POLIOMYELITIS

### I. IDENTIFICATION

- A. **CLINICAL DESCRIPTION:** Acute onset of flaccid paralysis of one or more limbs with decreased or absent tendon reflexes in the affected limbs, without other apparent cause, and without sensory or cognitive loss.
- B. **REPORTING CRITERIA:** Clinical diagnosis.
- C. **LABORATORY CRITERIA FOR CONFIRMATION:**
- Isolation of poliovirus from stool samples, CSF or oropharyngeal secretions in cell culture systems.
  - Presumptive diagnosis may be made by fourfold or greater changes in neutralizing antibody level.
- D. **KENTUCKY CASE DEFINITION:** A case that meets the clinical description and in which the patient has a neurologic deficit 60 days after onset of initial symptoms, has died, or has unknown follow-up status.

**NOTE:** All suspected cases of paralytic poliomyelitis are reviewed by a panel of expert consultants before final classification occurs.

### II. ACTIONS REQUIRED / PREVENTION MEASURES

- A. **KENTUCKY DISEASE SURVEILLANCE REQUIRES URGENT NOTIFICATION:** REPORT TO THE LOCAL OR STATE HEALTH DEPARTMENT **IMMEDIATELY** upon recognition of a case or suspected case in a time period not greater than 24 hours. If health department personnel cannot be contacted directly, notification shall be made by telephone to the emergency number of the Division of Epidemiology and Health Planning: **1-888-973-7678**.
- B. **EPIDEMIOLOGY REPORTS REQUESTED:**
- Kentucky Reportable Disease Report Form – EPID 200 (Rev. Jan/03)
  - Suspected Polio Case Worksheet (CDC).
- C. **PREVENTION MEASURES:**
- All children should receive four doses of IPV (Inactivated Polio Vaccine) at ages 2, 4, and 6-18 months and 4-6 years.
  - Polio vaccine recommended for previously non-immunized adults traveling to polio endemic countries; members of communities in which wild poliovirus is present; laboratory workers handling specimens containing poliovirus; and health care workers who may be exposed to patients excreting wild-type poliovirus.

**D. PUBLIC HEALTH INTERVENTIONS:**

- Immediately notify the Immunization Program: **502-564-4478**.
- Actively search for other cases that may have been initially diagnosed as Guillian Barre Syndrome, polyneuritis, transverse myelitis, etc.
- If evidence suggests transmission of wild poliovirus, provide Oral Polio Vaccine (OPV) within the epidemic area to all persons, except those for whom OPV is contraindicated because of immunodeficiency, regardless of previous OPV vaccination status.
- If evidence suggests vaccine-associated poliovirus, no vaccination plan need be developed because no outbreaks associated with vaccine-associated poliovirus strains have been documented in the US to date.

**III. CONTACTS FOR CONSULTATION**

- A. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, COMMUNICABLE DISEASE BRANCH: 502-564-3261.
- B. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, IMMUNIZATION PROGRAM: 502-564-4478.
- B. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, SURVEILLANCE AND HEALTH DATA BRANCH: 502-564-3418.
- C. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, DIVISION OF LABORATORY SERVICES: 502-564-4446.

**IV. RELATED REFERENCES**

1. Chin, James, ed. POLIOMYELITIS, ACUTE In: Control of Communicable Diseases Manual. 17<sup>th</sup> ed. Washington, DC: American Public Health Association, 2000: 398-405.
2. Pickering, LK, ed. Poliovirus Infections. In: 2000 Red Book: Report of the Committee on Infectious Diseases. 25<sup>th</sup> ed. Elk Grove Village, IL: American Academy of Pediatrics, 2000: 465-470.
3. Poliomyelitis Prevention in the United States: Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2000; 49(No. RR-5): 1-18.
4. Paralytic Poliomyelitis - United States, 1980-1994. MMWR 1997; 46(4): 79-83.